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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IB04/02182 06/29/2004

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 17	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____			Initials _____			

ADDRESS

23869

TITLE

INTRA-OCULAR LENS OR CONTACT LENS EXHIBITING LARDE DEPTH OF FOCUS

FILING FEE RECEIVED 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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